

<i>SERFF Tracking Number:</i>	<i>UTAC-127335848</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49382</i>
<i>Company Tracking Number:</i>	<i>2011 LOYAL MOD (AR)</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.012 Multi-Plan 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>2011 Medicare Supplement Rate Increase</i>		
<i>Project Name/Number:</i>	<i>2011 LOYAL MOD/</i>		

## Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: 2011 Medicare Supplement Rate Increase      SERFF Tr Num: UTAC-127335848      State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010      SERFF Status: Closed-Approved-Closed      State Tr Num: 49382

Sub-TOI: MS08I.012 Multi-Plan 2010      Co Tr Num: 2011 LOYAL MOD (AR)      State Status: Approved-Closed

Filing Type: Rate

Author: Christine Guarino      Reviewer(s): Stephanie Fowler  
 Date Submitted: 07/24/2011      Disposition Date: 09/02/2011  
    Disposition Status: Approved-Closed

Implementation Date Requested: 10/01/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: 2011 LOYAL MOD

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 12%

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/02/2011

State Status Changed: 09/02/2011

Deemer Date:

Created By: Christine Guarino

Submitted By: Christine Guarino

Corresponding Filing Tracking Number:

Filing Description:

2011 Loyal American Life Insurance Company Medicare Supplement Standard plan rate increase and annual rate certification.

## Company and Contact

### Filing Contact Information

Christine Guarino, Actuarial Analyst

cguarino2@gafri.com

SERFF Tracking Number: UTAC-127335848 State: Arkansas  
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 49382  
 Company Tracking Number: 2011 LOYAL MOD (AR)  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
 Standard Plans 2010  
 Product Name: 2011 Medicare Supplement Rate Increase  
 Project Name/Number: 2011 LOYAL MOD/

11200 Lakeline Boulevard #100 512-451-2224 [Phone]  
 Austin, TX 78717

### Filing Company Information

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio  
 11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance Company  
 P.O. Box 559004 Group Name: State ID Number:  
 Austin, TX 78755-9004 FEIN Number: 63-0343428  
 (800) 633-6752 ext. [Phone]

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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$350.00  
 Retaliatory? No  
 Fee Explanation: 7 forms @ 50 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$350.00	07/24/2011	50040776

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Stephanie Fowler	09/02/2011	09/02/2011
Disapproved	Stephanie Fowler	08/23/2011	08/23/2011

### Amendments

<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Rate	Current & Proposed Rates	Christine Guarino	09/01/2011	09/01/2011

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Follow up	Note To Reviewer	Christine Guarino	09/01/2011	09/01/2011

SERFF Tracking Number:	UTAC-127335848	State:	Arkansas
Filing Company:	Loyal American Life Insurance Company	State Tracking Number:	49382
Company Tracking Number:	2011 LOYAL MOD (AR)		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.012 Multi-Plan 2010
Product Name:	2011 Medicare Supplement Rate Increase		
Project Name/Number:	2011 LOYAL MOD/		

## Disposition

Disposition Date: 09/02/2011

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing; no increase was approved.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Loyal American Life Insurance Company	12.000%	12.000%	\$4,751	24	\$39,595	12.000%	12.000%

<i>SERFF Tracking Number:</i>	<i>UTAC-127335848</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49382</i>
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	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>2011 Medicare Supplement Rate Increase</i>		
<i>Project Name/Number:</i>	<i>2011 LOYAL MOD/</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Accepted for Informational Purposes	No
<b>Supporting Document</b>	Cover Letter	Disapproved	Yes
<b>Rate (revised)</b>	Current & Proposed Rates	Approved-Closed	Yes
<b>Rate</b>	Current & Proposed Rates	Disapproved	No

<i>SERFF Tracking Number:</i>	<i>UTAC-127335848</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49382</i>
<i>Company Tracking Number:</i>	<i>2011 LOYAL MOD (AR)</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.012 Multi-Plan 2010</i>
<i>Product Name:</i>	<i>2011 Medicare Supplement Rate Increase</i>		
<i>Project Name/Number:</i>	<i>2011 LOYAL MOD/</i>		

## Disposition

Disposition Date: 08/23/2011

Implementation Date:

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the lack of credibility on this block of business we cannot approve this rate increase at this time. However, you may file a rate increase next year and we will make a determination of whether to approve such filing at that time.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Loyal American Life Insurance Company	12.000%	12.000%	\$4,751	24	\$39,595	12.000%	12.000%

<i>SERFF Tracking Number:</i>	<i>UTAC-127335848</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2011 LOYAL MOD (AR)</i>		
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<i>Product Name:</i>	<i>2011 Medicare Supplement Rate Increase</i>		
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Accepted for Informational Purposes	No
<b>Supporting Document</b>	Cover Letter	Disapproved	Yes
<b>Rate (revised)</b>	Current & Proposed Rates	Approved-Closed	Yes
<b>Rate</b>	Current & Proposed Rates	Disapproved	No

SERFF Tracking Number: UTAC-127335848 State: Arkansas  
Filing Company: Loyal American Life Insurance Company State Tracking Number: 49382  
Company Tracking Number: 2011 LOYAL MOD (AR)  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010  
Product Name: 2011 Medicare Supplement Rate Increase  
Project Name/Number: 2011 LOYAL MOD/

**Amendment Letter**

Submitted Date: 09/01/2011

**Comments:**

I have amended the rate sheets to reflect no increase. I am submitting these for approval so that this filing can serve as the company's annual rate certification.

**Changed Items:**

**Rate/Rule Schedule Item Changes:**

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Current & Proposed Rates	LOYAL-MS-IA-A, LOYAL-MS-IA-B, LOYAL-MS-IA-C, LOYAL-MS-IA-D, LOYAL-MS-IA-F, LOYALMS-	Revised	Previous State Filing Number:	Exhibit 4 - Current Rates.pdf
Exhibit 4 - Proposed Rates.pdf	Exhibit 4 - Current Rates.pdf Exhibit 4 - Proposed Rates.pdf			



*SERFF Tracking Number:*      *UTAC-127335848*                      *State:*                      *Arkansas*  
*Filing Company:*              *Loyal American Life Insurance Company*              *State Tracking Number:*      *49382*  
*Company Tracking Number:*      *2011 LOYAL MOD (AR)*  
*TOI:*                      *MS08I Individual Medicare Supplement -*              *Sub-TOI:*                      *MS08I.012 Multi-Plan 2010*  
   *Standard Plans 2010*  
*Product Name:*              *2011 Medicare Supplement Rate Increase*  
*Project Name/Number:*      *2011 LOYAL MOD/*

**Note To Reviewer**

**Created By:**

Christine Guarino on 09/01/2011 10:59 AM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

09/02/2011 09:53 AM

**Subject:**

Follow up

**Comments:**

We discussed on the phone earlier this week that we would like this filing to be re-opened so that we can submit rate sheets reflecting no rate increase for approval to count as our annual filing. I just wanted to follow up on this.

Thanks,  
Christine Guarino

SERFF Tracking Number:	UTAC-127335848	State:	Arkansas
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TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.012 Multi-Plan 2010
Product Name:	2011 Medicare Supplement Rate Increase		
Project Name/Number:	2011 LOYAL MOD/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	9.000%
<b>Effective Date of Last Rate Revision:</b>	01/14/2011
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Loyal American Life Insurance Company	12.000%	12.000%	\$4,751	24	\$39,595	12.000%	12.000%

SERFF Tracking Number: UTAC-127335848 State: Arkansas

Filing Company: Loyal American Life Insurance Company State Tracking Number: 49382

Company Tracking Number: 2011 LOYAL MOD (AR)

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010

Product Name: 2011 Medicare Supplement Rate Increase

Project Name/Number: 2011 LOYAL MOD/

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/02/2011	Current & Proposed Rates	LOYAL-MS-IA-A, Revised LOYAL-MS-IA-B, LOYAL-MS-IA-C, LOYAL-MS-IA-D, LOYAL-MS-IA-F, LOYALMS-		Previous State Filing Number: Percent Rate Change Request:	Exhibit 4 - Current Rates.pdf Exhibit 4 - Proposed Rates.pdf

**Loyal American Life Insurance Company**  
**MEDICARE SUPPLEMENT**  
**Arkansas**  
**Community Rates**  
**Current Rates Effective 1/24/2011**

PREFERRED								STANDARD						
Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan N		Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan N
1,384.30	1,615.38	1,955.46	1,693.86	1,996.88	1,702.58	1,397.38	Annual	1,537.99	1,795.23	2,172.37	1,882.43	2,218.15	1,892.24	1,553.25
719.84	840.00	1,016.84	880.81	1,038.38	885.34	726.64	Semi-Annual	799.75	933.52	1,129.63	978.86	1,153.44	983.96	807.69
366.84	428.08	518.20	448.87	529.17	451.18	370.31	Quarterly	407.57	475.74	575.68	498.84	587.81	501.44	411.61
117.67	137.31	166.21	143.98	169.73	144.72	118.78	Monthly	130.73	152.59	184.65	160.01	188.54	160.84	132.03

Area I      0.900   716-719, 723-729  
Area II     1.050   720-722

1.0000   Annual  
0.5200   Semi-Annual  
0.2650   Quarterly  
0.0850   Monthly

**Loyal American Life Insurance Company**  
**MEDICARE SUPPLEMENT**  
**Arkansas**  
**Community Rates**  
**Proposed Rates**

PREFERRED								STANDARD						
Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan N		Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan N
1,384.30	1,615.38	1,955.46	1,693.86	1,996.88	1,702.58	1,397.38		1,537.99	1,795.23	2,172.37	1,882.43	2,218.15	1,892.24	1,553.25
719.84	840.00	1,016.84	880.81	1,038.38	885.34	726.64		799.75	933.52	1,129.63	978.86	1,153.44	983.96	807.69
366.84	428.08	518.20	448.87	529.17	451.18	370.31		407.57	475.74	575.68	498.84	587.81	501.44	411.61
117.67	137.31	166.21	143.98	169.73	144.72	118.78		130.73	152.59	184.65	160.01	188.54	160.84	132.03

Area I      0.900   716-719, 723-729  
Area II     1.050   720-722

1.0000   Annual  
0.5200   Semi-Annual  
0.2650   Quarterly  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Accepted for Informational Purposes	09/02/2011

### Comments:

### Attachments:

Actl Memo (AR).pdf  
 Exhibit 1 - Before and After.pdf  
 Exhibit 2 - NW Projections All Plans wo ae.pdf  
 Exhibit 3 - Description of Benefits; ABCDFGN.pdf  
 Exhibit 5 - Rate Increase History.pdf  
 Actuarial Certification.pdf

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Cover Letter	Disapproved	08/23/2011

### Comments:

### Attachment:

Cover Letter.pdf



**Loyal American Life  
Insurance Company**

P.O. Box 559015  
Austin, Texas 78755-9015

*Shipping Address:*  
11200 Lakeline Blvd Ste. 100  
Austin, TX 78717

Phone: (800) 880-8824  
Fax: (512) 467-7040

Tuesday, July 19, 2011

Ms. Carol Stiffler  
Arkansas Insurance Department  
L&H Division  
1200 West Third Street  
Little Rock, AR 72201-1904

Subject: Loyal American Life Insurance Company  
NAIC Number: 65722  
LOYAL Modernized Medicare Supplement Rate Filing for 2011  
Form Number: LOYAL-MS-IA-A, LOYAL-MS-IA-B, LOYAL-MS-IA-C, LOYAL-MS-IA-D, LOYAL-MS-IA-F, LOYAL-MS-IA-G, LOYAL-MS-IA-N

Dear Ms. Carol Stiffler:

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase on the above referenced product. The rate increase will be effective upon the state insurance department approval and in accordance with state policyholder notification requirements

This filing applies to all in-force policies in this state with the above referenced form number.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.

If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 4902 or at cguarino2@gafri.com. Our fax number is 512-451-1399.

Sincerely,

Christine Guarino  
Sr. Actuarial Analyst

Enclosures

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/24/2011	Rate and Rule	Current & Proposed Rates	09/01/2011	Exhibit 4 - Current Rates.pdf Exhibit 4 - Proposed Rates.pdf (Superceded)